



# SHERIFF-CORONER

## COUNTY OF RIVERSIDE

**STANLEY SNIFF**  
**SHERIFF-CORONER**

### CORONER BUREAU - WEST

800 S. REDLANDS AVENUE PERRIS, CA 92570  
PHONE: 951-443-2300  
INVESTIGATIONS FAX: 951-443-2303  
MORGUE FAX: 951-443-2322

### CORONER BUREAU - EAST

47-225 OASIS STREET INDIO, CA 92201  
PHONE: 760-863-8311  
FAX: 760-863-7031  
MORGUE FAX: 760-863-7530

TO: SHERIFF-CORONER, County of Riverside

Re: \_\_\_\_\_, Deceased - Coroner File # 20 \_\_\_\_ - \_\_\_\_\_

### **REQUEST FOR RELEASE OF REMAINS**

I certify that, pursuant to Section 7100, Health and Safety Code, State of California, that it is my legal right to control the disposition of the remains of the above named decedent. I hereby request that you release the remains in your custody to: (714) 740-2762

Cremation Society of Orange Coast 12425 Lewis St. #102, Garden Grove, CA 92840 (714) 740-2764 Fax  
Name of Funeral Director/Mortuary Mailing Address, City, State, Zip Telephone Number

The person signing this request is liable for all damages caused by any untruthful statements contained in this document (Health and Safety Code Section 7110). It is also a criminal offense to forge or knowingly file a false statement with a government agency (Penal Code Sections 115 and 470).

➔ SIGNED \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

### **PERSONAL PROPERTY ADVISEMENT**

The Sheriff-Coroner may be in possession of personal property belonging to that of the decedent. Personal property in the possession of the Sheriff-Coroner will be released to the Funeral Director/Mortuary Agent at the time that the remains are released unless specified below. Regardless, the Sheriff-Coroner will only maintain property for ninety days from date of death. Property shall be disposed of after the ninety-day period.

I elect to pick up the personal property from the Sheriff-Coroner within the ninety-day period. I understand that property not picked up within the time period will be disposed of. Call to make an appointment for release.

Signed: \_\_\_\_\_

### **FUNERAL DIRECTOR OR AGENT**

I CERTIFY THAT I HAVE EXAMINED AND INITIALED TOE TAG # \_\_\_\_\_ WHICH BEARS THE NAME OF THE ABOVE NAMED DECEASED AND HAVE RECEIVED THE REMAINS.

I HAVE ALSO RECEIVED THE FOLLOWING ITEMS:

\_\_\_\_\_ PERSONAL PROPERTY  
INITIAL

\_\_\_\_\_ CLOTHING  
INITIAL

REPRESENTATIVE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
PRINT NAME

RELEASED BY: \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
NAME / TITLE